

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564813

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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25						
26			1			
27				1		
28				1		
29				1		
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34						
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36						
37			1			
38			1			
39				1		
40			1			
41						
42			1			
43				1		
44						
45						
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47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS		■	19	■		■

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		■		■		■